Response to the comments of the manuscript entitled:
‘Development of a workplace intervention for sick-listed employees with stress-related mental disorders: Intervention Mapping as a useful tool’

Response to the comments of Niklas Krause:

We thank this reviewer for his comments on our manuscript.
1. The reviewer has no major compulsory revisions. One minor essential revision is about the lay-out of tables and figures. We agree with this reviewer that Figure 4 looks more like a table and changed this figure in Table 4. We propose to keep Figure 3 as a figure file, because we do not think this figure looks like a table. Next, the tables are included at the end of the main manuscript file after the reference list and figure legends, in the order that they are referred to in the text, as requested in the formatting checklist and indicated by the reviewer.
2. The reviewer suggests that a definition of what constitutes “stress-related mental disorders” in the Netherlands would be helpful for international readers. We do agree that our manuscript lacks this definition and therefore a definition is given in the paragraph ‘target group and stakeholders’ on page 12 and 13.

Response to the comments of Gregory Murphy:

We thank the reviewer for his valuable suggestions to improve the manuscript.
1. The reviewer remarks that the whole paper needs to be reviewed by a native-English writer. Therefore we sent the manuscript to a native-English writer and incorporated her comments into the revised manuscript.
2. Stronger reference support should be provided for this sentence: Evidence indicates that sick leave due to this type of complaints can be reduced by activating interventions, without resulting in more complaints. We adapted the formulation of this sentence and described the evidence more detailed. Furthermore, some references are added: about an activating intervention for major depression (more severe complaints) and about an activating intervention for stress-related mental disorders, in which the subgroup diagnosed by their general practitioner as having stress-related mental disorders only demonstrated a reduction on sick leave.
3. We agree with the reviewer that the intervention is based on the pre-existence of good employer-employee relations. This cannot be assumed in many situations, particularly in countries such as Australia or the United States of America where there is a more adversarial stance and mentioned it as a limitation of the approach in the discussion.
4. The reviewer suggest that some comparison with the work of Shrey in the area of “workplace disability management” (see Shrey and Lacerte, 1991) would be of interest to readers from outside western Europe. The reviewer gives us very little information about the reference suggested. As a consequence, we could not find a paper written by Shrey and Lacerte (1991), a study by Shrey and Bangs (1991) was found. However, only 5 of the 112 respondents still have an own employer. In our view, this target group is very different from ours (who all have their own employer) and we decided therefore that this reference seems to be not appropriate to cite. We cited another paper of Shrey (1996) about the shift of paradigm in disability research in the results paragraph (page 11) because the papers supports a specific statement there.

Response to the comments of Marie José Durand:

We thank this reviewer for her comments, especially for the missing information.
1. This reviewer also asks for a definition of what constitutes stress-related mental disorders. As described in the reaction to the comments of the first reviewer we included a definition in the paragraph ‘target group and stakeholders’ on page 12 and 13.

2. The second and third question of the reviewer can be answered together. These questions are about co-morbidity and addressing patients with major depression, and certainty that the mapping of the intervention was done with the stakeholders on SMD and not on major depression. In addition with the definition of SMD, our view on SMDs as a dimension that goes through all existing diagnoses, is explained. This means that employees with a major depression could be included in the study and in the focus groups. To clarify, one sentence is added in the methods – step 3 section.

3. Application of IM is very innovative because we based our intervention on the PW intervention for low back pain, however, we did not report the number and characteristics of the companies involved in the IM process. We added information about the companies in the methods feasibility assessment paragraph.

4. With regard to the theoretical framework the reviewer gave us very substantial comments. We agree with her that other systems as the workplace are essential in work disability prevention, but we think these systems are present in the ASE-model. To clarify, we adapted the figure by representing these systems around the barriers/facilitators box. More attention is given to these systems in the last part of the text in the theoretical framework section. She also noticed that the literature review can not be reproduced, which is true. We incorporated in the text that the literature is not systematically reviewed.

5. The reviewer reports that the results – feasibility paragraph has to be reviewed. She states: ‘We understand that a need assessment had been done but more information on the feasibility on this type of program for employer and employee is needed’. Feasibility was a substantial subject to discuss about in the focus groups with all three stakeholders, the following statement formulated for the focus groups addressed the feasibility: ‘Expected barriers for implementing the PW intervention for sick-listed employees with SMDs’. One extra sentence is added in the methods section about the feasibility as subject of the focus groups. In the section about focus group results, text about expected feasibility in all 3 focus groups is more emphasized.

6. In reaction to her last comment about a more detailed description about the implementation, we already gave more information about the companies and we would like to describe this (sample size calculation, follow-up and outcome measures) more detailed in a design article, which is under construction now.